

# Intensive Treatment Foster Care Program Quarterly Statistical Report

SEND ONE COPY TO: California Department of Social Services  
Data Systems and Survey Design Bureau, M.S. 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430  
FAX: (916) 657-2074

Foster Family Agency		Quarter Ending					
		Month (check one) 1 <input type="checkbox"/> Mar 2 <input type="checkbox"/> Jun 3 <input type="checkbox"/> Sep 4 <input type="checkbox"/> Dec				Year	
County		Telephone Number		Date Completed			
<b>Children:</b>  1. Placed in Program During Quarter (sum of items 1a thru 1f below)  <b>Outcomes of Children Referred to Program:</b> a. Total Children Returned to a More Intensive Program b. Total Children Hospitalized c. Total Children Discharged to Own Home d. Total Children Continuing in Placement e. Total Children Moved to Less Intensive Foster Care Placement f. Total Children with Other Outcomes		<b>TOTAL BY AGE GROUP</b>					
		<b>0-3</b>	<b>4-6</b>	<b>7-9</b>	<b>10-12</b>	<b>13-15</b>	<b>16-19</b>
	1.						
	1a.						
	1b.						
	1c.						
	1d.						
	1e.						
1f.							
<b>Services Provided to Children and Families:</b>  2. Total In-Home Support Counselor Hours 3. Total Psychiatrist Hours 4. Total Emergency Social Work Hours 5. Total Families Receiving Family Therapy Services: a. During the Quarter b. On a Weekly Basis (must be less than or equal to item 5a.)							
	2.						
	3.						
	4.						
	5a.						
	5b.						

# **Intensive Treatment Foster Care Program FC 19 INSTRUCTIONS**

## **CONTENT**

The FC 19, Intensive Treatment Foster Care Program Quarterly Statistical Report, is designed to gather selected quarterly information about the Intensive Treatment Foster Care services provided to children, in accordance with Welfare and Institutions Code §18358, et seq.

## **PURPOSE**

The report describes the services provided to program participants, and the effects (outcomes) those services had on the participants. The data provides the basis for reports to the Legislature, and is used by the California Department of Social Services (CDSS).

## **DUE DATE**

The quarterly reports are to be received in Sacramento on, or before, the last working day of the month following the report quarter. All participating foster family agencies are required to submit the completed report to CDSS each quarter. If there is nothing to report for a particular line item, this fact should be indicated by placing a zero (0) on the applicable line on the report form.

## **WHERE TO SEND REPORTS**

Reports should be sent to:

California Department of Social Services  
Data Systems and Survey Design Bureau, MS 9-081  
P.O. Box 944243  
Sacramento, CA 94244-2430

Reports may also be faxed to: (916) 657-2074

# **INSTRUCTIONS FOR COMPLETING THE REPORT**

## **Children**

### **Item 1. “Placed in Program During Quarter”**

Enter the sum of Items 1.a. through 1.f. for each age group; total number of children, by age, participating in the program during the quarter.

## **Outcomes of Children Referred to Program**

Entries should represent the status of each child as of the end of the quarter, resulting in only one entry per child.

**Item 1.a. “Total Children Returned to a More Intensive Program”**

Enter the total number of children, by age, that returned to a more intensive program (i.e., higher level group home) during the quarter.

**Item 1.b. “Total Children Hospitalized”**

Enter the total number of children, by age, that were placed in a hospital or medical facility during the quarter.

**Item 1.c. “Total Children Discharged to Own Home”**

Enter the total number of children, by age, that were returned to their own homes, or the home of a caretaker during the quarter.

**Item 1.d. “Total Children Continuing in Placement”**

Enter the total number of children, by age, that are continuing their placement during the quarter.

**Item 1.e. “Total Children Moved to Less Intensive Foster Care Placement”**

Enter the total number of children, by age, that were placed in a less intensive program during the quarter (i.e., moved to a foster family home).

**Item 1.f. “Total Children with Other Outcomes”**

Enter the total number of children, by age, that left the program for other reasons (i.e., runaway, death, moved to home of relative, etc.) during the quarter.

**Services Provided to Children and Families****Item 2. “Total In-Home Support Counselor Hours”**

Enter the total number of in-home support counselor hours, by age of child in placement, during the quarter.

**Item 3. “Total Psychiatrist Hours”**

Enter the total number of psychiatrist hours, by age of child in placement, during the quarter.

**Item 4. “Total Emergency Social Work Hours”**

Enter the total number of Emergency Social Work Hours (in person responses), by age of child in placement, during the quarter.

**Item 5.a. “Total Families Receiving Family Therapy Services During the Quarter”**

Enter the total number of foster families and birth families receiving family therapy services, by age of child in placement, during the quarter.

**Item 5.b. “Total Families Receiving Family Therapy Services on a Weekly Basis”**

Enter the total number of families receiving family therapy services on a weekly basis, by age of child in placement. Item 5.b. should be less than or equal to Item 5.a.